

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042099

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 87

FILED NOV 27 1962

1. PLACE OF DEATH

a. COUNTY

CRAWFORDb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SULLIVANLength of stay in 1b
15 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION SULLIVAN Community HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY CrawfordInside Limits
Yes ☐ No ☒c. CITY OR TOWN Cubad. STREET ADDRESS (If outside, give location)
Rte 1, Approx 10 Mi. N. on Hwy A.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First ThomasMiddle FreddieLast FANN

4. DATE OF DEATH

Month Nov.Day 25Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-20-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months 2Days 5

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Bourbon, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

George Fann

13b. MOTHER'S MAIDEN NAME

Eudora Helling

14. NAME OF HUSBAND OR WIFE

Ethel NEE Oshorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Ethel Fann, Rte 1, Cuba, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Renal Failure

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Cor Pulmonale12 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1948 to 11/25/62 and last saw him alive on 11/25/62Death occurred at 9:58 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee or title)

Ronald A. Heath D.D.

22b. ADDRESS

Sullivan, Mo.

22c. DATE SIGNED

11/26/62

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Crow Cemetery

23d. LOCATION (City, town, or county)

Rt # 1, Sullivan, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Paul J. Hawthorn, Cuba, Mo

25. DATE RECD. BY LOCAL REG.

11-26-1962

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.